

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-01990A
Casa Grande West Water Co., Inc.
117 E Second St.
Casa Grande, AZ 85222

RECEIVED

APR 19 2010

ACC UTILITIES DIRECTOR

ANNUAL REPORT
Water

FOR YEAR ENDING

12	31	2009
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FOR COMMISSION USE

ANN 04	09
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4.21.10 Lhr

COMPANY INFORMATION

Company Name (Business Name)

SAGA GRAND 2 WEST WATER CO

Mailing Address

117 W SECOND ST

SAGA GRAND 2
(City)

AZ
(State)

85122
(Zip)

Telephone No. (Include Area Code)

520 836-0267

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address

Local Office Mailing Address

117 W SECOND ST

SAGA GRAND 2
(City)

AZ
(State)

85122
(Zip)

Local Office Telephone No. (Include Area Code)

520 836-0267

Fax No. (Include Area Code)

520 836-5503

Cell No. (Include Area Code)

520 560-7831

Email Address

MANAGEMENT INFORMATION

☒ Regulatory Contact:

☒ Management Contact:

ROBERT GORDON

MANAGER

(Name)

(Title)

117 W SECOND ST

SAGA GRAND 2

AZ

85122

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

520 836-0267

Fax No. (Include Area Code)

520 836-5503

Cell No. (Include Area Code)

520 560-7831

Email Address

On Site Manager:

ROBERT GORDON

(Name)

117 W SECOND ST

SAGA GRAND 2

AZ

85122

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

520 836-0267

Fax No. (Include Area Code)

520 836-5503

Cell No. (Include Area Code)

520 560-7831

Email Address

Statutory Agent: THOMAS Mc GARDIN
(Name)

501 N FLORENCE ST CASA GRANDE AZ 85122
(Street) (City) (State) (Zip)

520 316-0610 520 836-0613
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Attorney: THOMAS Mc GARDIN
(Name)

501 N FLORENCE ST CASA GRANDE AZ 85122
(Street) (City) (State) (Zip)

520 316-0610 520 836-0613
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input checked="" type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME

SAGE GRANDE Water & Water Co.

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	44948	8363	36585
307	Wells and Springs	59376	27896	31480
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	95194	38512	56682
333	Services			
334	Meters and Meter Installations	2493	1242	1251
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	1525	634	891
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	203536	76647	126889

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

S.M. Green's Water Works Co.

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	44948	105	2241
307	Wells and Springs	59376	105	2969
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	95194	105	4760
333	Services			
334	Meters and Meter Installations	2493	105	125
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	1525	105	76
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	203536		10171

This amount goes on the Comparative Statement of Income and Expense
Acct. No. 403.

COMPANY NAME Santa Grande West Water Co

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 2920	\$ 4446
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies	200	
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 3120	\$ 4446
	FIXED ASSETS		
101	Utility Plant in Service	\$ 199326	\$ 202101
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation - Utility Plant	< 65918 >	< 76013 >
121	Non-Utility Property	1525	1525
122	Accumulated Depreciation - Non Utility	< 558 >	< 634 >
	TOTAL FIXED ASSETS	\$ 134375	\$ 126569
	TOTAL ASSETS	\$ 137495	\$ 131335

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME DATA (MANE 21/3/21) WATER

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes	1511	1050
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	102	102
	TOTAL CURRENT LIABILITIES	\$ 1613	\$ 1152
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction	37645	
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$ 37645	\$
	TOTAL LIABILITIES	\$ 39258	\$ 1152
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 100	\$ 100
211	Paid in Capital in Excess of Par Value	16926	16926
215	Retained Earnings	81211	113157
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ 98237	\$ 130183
	TOTAL LIABILITIES AND CAPITAL	\$ 137495	\$ 131335

COMPANY NAME

Sara Grande Water Co

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 130109	\$ 128636
460	Unmetered Water Revenue		
474	Other Water Revenues		37645
	TOTAL REVENUES	\$ 130109	\$ 166281
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 42779	\$ 24709
610	Purchased Water		
615	Purchased Power	13818	17684
618	Chemicals		
620	Repairs and Maintenance	11696	10843
621	Office Supplies and Expense	12359	12882
630	Outside Services	7549	27517
635	Water Testing	1690	1735
641	Rents	3836	4900
650	Transportation Expenses	8833	4929
657	Insurance - General Liability	2326	2267
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense	639	
403	Depreciation Expense	10037	10171
408	Taxes Other Than Income	11935	10556
408.11	Property Taxes	6373	6104
409	Income Tax	4615	50
	TOTAL OPERATING EXPENSES	\$ 138479	\$ 134345
	OPERATING INCOME/(LOSS)	\$ <8370>	\$ 31936
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ 3	\$ 10
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$ 3	\$ 10
	NET INCOME/(LOSS)	\$ <8367>	\$ 31746

COMPANY NAME Spokane Valley Water Co.

SUPPLEMENTAL FINANCIAL DATA
Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ _____

Meter Deposits Refunded During the Test Year \$ _____

COMPANY NAME <i>Phoenix West Water Co</i>	
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-625197	15	60		3	3	
55-808097	25	120		16	4	

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
10	2		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
10000	2	25000	1
7000	1		

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Santa Clara Water
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4	PVC	32000
5		
6	PVC	14498
8		
10		
12		

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	55
3/4	236
1	2
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

CONTINUOUS CHLORINATION

STRUCTURES:

THREE STORAGE AND ONE PRESSURE TANK

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	Sari Grand West Water Co
Name of System:	ADEQ Public Water System Number:

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	291	1616703	1631600	
FEBRUARY	292	1707636	1808700	
MARCH	293	1533941	1638100	
APRIL	292	2442300	2529200	
MAY	298	2766120	2815300	
JUNE	298	3063220	3151500	
JULY	300	3001750	3116740	
AUGUST	302	3453980	3525500	
SEPTEMBER	295	2784930	2828100	
OCTOBER	290	2412690	2574000	
NOVEMBER	294	2203930	2227200	
DECEMBER	294	1765730	1859700	
TOTALS →		2875290	29975700	

What is the level of arsenic for each well on your system? 21 mg/l

(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____ GPM for _____ hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☒ Yes () No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☒ Yes () No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

() Yes ☒ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME:	SANTA CRUZ WATER CO
Name of System:	ADEQ Public Water System Number:

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY		3	
FEBRUARY		3	
MARCH		2	
APRIL		2	
MAY		1	
JUNE		3	
JULY		3	
AUGUST		7	
SEPTEMBER		8	
OCTOBER		5	
NOVEMBER		4	
DECEMBER		4	
TOTALS →		45	

OTHER (description):

COMPANY NAME Passa Consulting & Writing Co YEAR ENDING 12/31/2009

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2009 was: \$ 6104

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

**VERIFICATION
AND
SWORN STATEMENT**
Taxes

RECEIVED

APR 19 2010

ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)
<u>PINAL</u>
NAME (OWNER OR OFFICIAL) TITLE
<u>JEFF HANSEN CPA</u>
COMPANY NAME
<u>PRIMAVERA WATER CO</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

520 836-1105
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

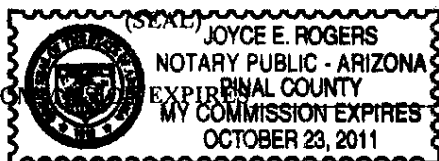
THIS

15

DAY OF

COUNTY NAME
<u>PINAL</u>
MONTH <u>April 15</u> 20 <u>10</u>

MY COM



SIGNATURE OF NOTARY PUBLIC

COMPANY NAME

Benjamin Watson Co

YEAR ENDING 12/31/2009

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported

3155

Estimated or Actual Federal Tax Liability

503

State Taxable Income Reported

3455

Estimated or Actual State Tax Liability

241

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances

Amount of Gross-Up Tax Collected

Total Grossed-Up Contributions/Advances

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

SIGNATURE

DATE

PRINTED NAME

TITLE

**VERIFICATION
AND
SWORN STATEMENT**
Intrastate Revenues Only

RECEIVED
APR 19 2010
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>PINAL</u>
NAME (OWNER OR OFFICIAL) TITLE <u>JOYCE E. ROGERS CPA</u>
COMPANY NAME <u>SPRINGER & WEST WATSON, LLC</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2009 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 137301

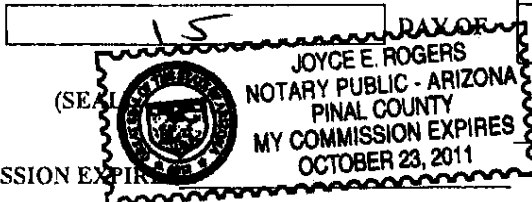
(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 8665
IN SALES TAXES BILLED, OR COLLECTED)

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS



MY COMMISSION EXPIRES

SIGNATURE OF OWNER OR OFFICIAL
520 836-1000
TELEPHONE NUMBER

COUNTY NAME <u>Pinal</u>	
MONTH <u>April</u>	2010

SIGNATURE OF NOTARY PUBLIC

VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
Intrastate Revenues Only

RECEIVED
APR 19 2010
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>PINAL</u>	
NAME (OWNER OR OFFICIAL) <u>JEFF HANSEN</u>	TITLE <u>CRA</u>
COMPANY NAME <u>CASA GRANDE WEST WATER CO. INC</u>	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH <u>12</u>	DAY <u>31</u>	YEAR <u>2009</u>
--------------------	------------------	---------------------

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2009 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ <u>137301</u>

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 8065
IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.

SIGNATURE OF OWNER OR OFFICIAL

520 836-1007
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

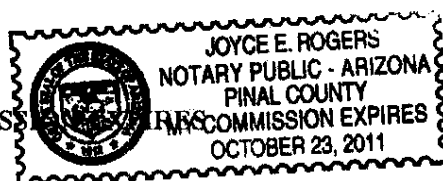
<u>15</u>

DAY OF

NOTARY PUBLIC NAME <u>Joyce E. Rogers</u>	
COUNTY NAME <u>PINAL</u>	
MONTH <u>April</u>	.20 <u>10</u>

(SEAL)

MY COMMISSION



SIGNATURE OF NOTARY PUBLIC